

Case Number:	CM14-0155718		
Date Assigned:	09/25/2014	Date of Injury:	03/21/2001
Decision Date:	12/10/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old female who reported an injury on 03/21/2001. The mechanism of injury was not provided. On 03/31/2014, the injured worker presented with pain in the neck. Upon examination of the cervical spine, there was tenderness to palpation over the paraspinal C3-6, trapezius, and spasms noted. There was tenderness to palpation to the right AC joint, deltoid, and a compensatory shoulder lift and neck tilt with abduction of the arm. The diagnoses were sprain of the neck, thoracic or lumbosacral neuritis or radiculitis unspecified, cervicalgia, and displacement of cervical intervertebral disc without myelopathy. Therapy included medications. The patient also had promising improvement with the use of an H-wave. The provider recommended a right C3-4 facet injection; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right C3-4 Facet Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet Diagnostic Block.

Decision rationale: The request for a right C3-4 facet injection is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques such as facet injections have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help injured workers presenting into the transitional phase between acute and chronic. The Official Disability Guidelines further state that the criteria for the use of a diagnostic block for facet nerve pain include onset of diagnostic medial branch block with a response of greater than or equal to 70% pain reduction for approximately 2 hours and is limited to injured workers with cervical pain that is not radicular and at no more than 2 levels bilaterally. There should be documentation of a failure to respond to conservative treatment including medication, home exercise, physical therapy, and NSAIDs and a diagnostic block should not be performed in injured workers who have had a previous fusion procedure at the planned level. There is a lack of documentation of a Spurling's test to rule out radiculopathy. Additionally, there is a lack of therapies the injured worker underwent previously and the efficacy of those treatments. As such, medical necessity has not been established.